

## Message Text

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62

ACTION ARA-10

INFO OCT-01 ISO-00 EB-05 OPIC-01 DRC-01 RSC-01 /019 W

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R 072020Z MAY 74

FM AMEMBASSY BUENOS AIRES

TO SECSTATE WASHDC 6382

INFO USDOC WASHDC

UNCLAS BUENOS AIRES 3313

FOR FCIA

E.O. 11652: N/A

TAGS: BEXP, EFIN, AR

SUBJECT: EXPORT INSURANCE FOR MANDEEL PRODUCTS OF  
HOUSTON TEXAS.

1. LOCAL REPRESENTATIVE OF MANDEEL PRODUCTS, HOUSTON, TEXAS  
INFORMS EMBASSY THAT FCIA HAS REJECTED THE REQUEST FOR  
INSURING OF EQUIPMENT OF THREE CLIENTS OF GOOD REPUTE WITH  
PRIVATE BANK GUARANTEES. THE CLIENTS ARE: JUAN E. GASPA;  
CARLOS ALBERTO CARO; AND COMPANIA ARGENTINA DE EXPORTACION  
E IMPORTACION.

2. REPORTEDLY, FCIA REQUIRES GUARANTEE OF ARGENTINE CENTRAL  
BANK OR NATIONAL DEVELOPMENT BANK IN THE CASE OF THESE  
CUSTOMERS. CENTAL BANK DOES NOT GIVE SUCH GUARANTEES.  
THE PROCESS OF OBTAINING GUARANTEE FROM DEVELOPMENT BANK  
TAKES MANY WEEKS AND AT TIMES MONTHS. CLIENTS IN THIS CASE  
NEED MECHINERY FOR THE PRESENT CROP YEAR WICH BEGINS IN  
MAY. CAN WAIVER BE GIVEN? WE SO RECOMMENDED SINCE  
INFORMATION AVAILABLE HERE INDICATES CLIENTS ARE ALL CREDI-  
TORTHY.

3. EMBASSY WOULD APPRECIATE BEING INFORMED OF CURRENT  
FCIA POLICY ON INSURING SALES TO ARGENTINA IN AS MUCH DETAIL  
AS POSSIBLE (I.E. WHAT GUARANTEES REQUIRED IN WHAT CASES,  
RATES, RETENTION, ETC.) TO ENABLE COMMERCIAL OFFICERS TO  
ADVISE REPRESENTATIVES OF US FIRMS IN ARGENTINA.

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4. EMBASSY WOULD VERY MUCH APPRECIATE BEING ADVISED OF  
CHANGES IN INSURANCE TERMS AS THEY OCCUR.  
THIS WILL ENABLE US TO GIVE ADVANCE.  
WARNING TO US EXPORTER REPRESENTATIVES AND TRADITIONAL US  
CUSTOMERS. AVAILABILITY OF THIS INFORMATION MAY OFTEN  
FAVORABLY INFLUENCE PURCHASE DECISIONS.  
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## Message Attributes

**Automatic Decaptioning:** X  
**Capture Date:** 01 JAN 1994  
**Channel Indicators:** n/a  
**Current Classification:** UNCLASSIFIED  
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**Disposition Authority:** n/a  
**Disposition Case Number:** n/a  
**Disposition Comment:**  
**Disposition Date:** 01 JAN 1960  
**Disposition Event:**  
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**Disposition Remarks:**  
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**To:** STATE  
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